

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">09784031</div>		FILING DATE <div style="font-size: 1.2em; font-family: monospace;">02/22/01</div>	
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
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TOTAL IND.	6	↓		↓		↓		↓		↓
TOTAL DEP.	0	↓		↓		↓		↓		↓
TOTAL CLAIMS	6									

Best Available Copy